

SIU Audit - Quarterly Form

Facility Name: _____
Location Address: _____
District: _____
Subdistrict: _____

Inspector: _____
Date of Inspection: _____

Permit:

Primary Contact: _____

General IU Information

1. Legal Name of Business

2. DBA: _____
SIC: _____

3 Location: _____

4. Person Contacted
Title: _____
Phone: _____

5. Waste Processes:

6a. IC: _____

6b. Treatment(s) Required:

7. Average Flow Recorded in Master File: _____
Updated: _____

Explain the changes in Comments section:

- (Choose all that apply)
- | | | | |
|----------------------------|--------------------------|-----------------------------------|--------------------------|
| 8. Change of Ownership | <input type="checkbox"/> | 11. Change in Pretreatment System | <input type="checkbox"/> |
| 9. Change of Waste Process | <input type="checkbox"/> | 12. NOV issued | <input type="checkbox"/> |

10. Change of Flow ☐

MATERIALS STORAGE

13. Are raw (hazardous) materials stored in a secured area? (Choose One)

N/A ☐ NO ☐

YES ☐

14. Are tanks/drums labeled with content? (Choose One)

N/A ☐ NO ☐

YES ☐

15. Is spill containment adequate? (Choose One)

N/A ☐ NO ☐

YES ☐

PROCESS AREA

16 a. Has process unit layout changed? (Choose One)

N/A ☐ NO ☐

YES ☐

b. Direction of flow of industrial wastewater changed? (Choose One)

N/A ☐ NO ☐

YES ☐

c. Are all plating tanks spill contained? (Choose One)

N/A ☐ NO ☐

YES ☐

17 Is spill containment water tight? (Choose One)

N/A ☐ NO ☐

YES ☐

18 Are incompatible chemicals properly separated? (Choose One)

N/A ☐ NO ☐

YES ☐

19 Are all process tanks clearly labeled? (Choose One)

N/A ☐ NO ☐

YES ☐

20 Are all flows from the process area hard-piped? (Choose One)

N/A ☐ NO ☐

YES ☐

21 Are any pipes leaking? (Choose One)

N/A ☐ NO ☐

YES ☐

22 Are rinses running during non-processing times? Yes ☐ No ☐

23 Are there any water conservation devices used? (Choose One)

N/A ☐ NO ☐

YES ☐

What type?

24 Is area under the raised floor visible for inspection? (Choose One)

N/A ☐ NO ☐
YES ☐

25 Any waste liq/sldgs accumultd inside any containment area? (Choose One)

N/A ☐ NO ☐
YES ☐

27 Does the process area seem to be adequately ventilated? (Choose One)

N/A ☐ NO ☐
YES ☐

26 Are any of shop area flrs outside containment areas wet? (Choose One)

N/A ☐ NO ☐
YES ☐

28 Has any tanks been added or remvd since last inspection? (Choose One)

N/A ☐ NO ☐
YES ☐

29 Are descaling chemical used? (Choose One)

N/A ☐ NO ☐
YES ☐

If yes, what type?

30 Last date pH probes calibrated:

By:

31 Frequency of calibration:

32 Are the calibration being recorded in a treatment log? (Choose One)

N/A ☐ NO ☐
YES ☐

33 Check pH strip chart. Any violations? (Choose One)

N/A ☐ NO ☐
YES ☐

34 Is pH strip chart checked & initialed by operator daily? (Choose One)

N/A ☐ NO ☐
YES ☐

35 How much acid is on-site for pH adjustment?

36 How much caustic is on-site for pH adjustment?

CLARIFIER

37 Has sludge built up in the clarifier? (Choose One)

N/A ☐ NO ☐
YES ☐

If yes, note how deep, how many compartments, etc:

38 Any visible floatable in the last stage of the clarifier? (Choose One)

N/A ☐ NO ☐
YES ☐

Describe:

40 Last date clarifier cleaned out:

Manifest on site? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

CYANIDE DESTRUCTION

41a CN oxidation ORP reading-1st stage(opt range:350-400mv)

41b CN oxidation ORP reading-2nd stage(opt range:600mv):

42a CN oxidation pH meter reading-1st stg(opt rng:pH 9.5-10)

42b CN oxidation pH meter reading-2nd stage(opt range:pH 8)

43 How much caustic is on-site?

44 How much sodium hypochlorite is on-site for oxidation?

45 Is a SP accessible immediately after cyanide destruction? Yes ☐ No ☐

CHROME REDUCTION

46 Chrome reduction ORP reading (250-300mv.):

47 Chrome reduction pH meter reading (pH 1.8-2.0):

48 How much acid is on-site for pH adjustment?

49 How much sodium metabisulfite is onsite for chrm reduct.?

EQUIPMENT MAINTENANCE

50 Pumps and mixers operating well? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

51 Log book for maintenance kept current? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

52 More areas inspected like degreasing, heat treating etc? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

53 Backup pumps and mixers available? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

WASTE STORAGE AND DISPOSAL

54 Is any waste stored for longer than 90-day? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

55 Is 90-day storage of wastes in a secured area? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

 Accessed by locked door or gate? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

56 Is spill containment adequate? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

57 Are incompatibles separated? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

58 Are containers in good condition? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

59 Are containers compatible with wastes? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

60 Are containers kept closed during storage? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

61a Containers labeled with the word "HAZARDOUS WASTE" (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

61b Contnrs labl composition and physical state of the waste (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

61c Contnr labl calls attntn to spcfc haz. prprties of wste (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

61d Contnr labl name and addrss of hazardous waste generator (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

61e Containers labeled accumulation start date? (Choose One)

N/A	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>		

WASTE PRODUCT

Does your facility generate any waste(s) another can reuse? Yes ☐ No ☐

If yes, please identify them & how frequent it is produced:

1. Waste Product #1

Frequency (amount/time)

2. Waste Product #2

Frequency (amount/time)

3. Waste Product #3

Frequency (amount/time)

4. Waste Product #4

Frequency (amount/time)

5. Waste Product #5

Frequency (amount/time)

HAZARDOUS WASTE INFORMATION

Manifest #

Waste Type:

CA Waste Code:

Quantity Per Shipment:

TSDf Name:

Date:

Manifest #

Waste Type:

CA Waste Code:

Quantity Per Shipment:

TSDf Name:

Date:

Manifest #

Waste Type:

CA Waste Code:

Quantity Per Shipment:

TSDf Name:

Date:

62 Does facility use a shop rag service? (Choose One)

N/A

☐

NO

YES

☐

☐

If yes, provide name and address:

Is service located in City of Los Angeles? (Choose One)

YES ☐ NO ☐

STORMWATER

63 Is stormwater collected and discharged into the sewer? (Choose One)

N/A ☐ NO ☐

YES ☐

If yes, volume of stormwater collected: _____

Was the stormwater treated in PTS prior to discharge? (Choose One)

N/A ☐ NO ☐

YES ☐

Does the discharge go to the sample point? (Choose One)

N/A ☐ NO ☐

YES ☐

SAMPLING

64 Where was the sample taken from? _____

Type of sample? (Choose all that apply)

Grab ☐ Composite ☐

Time: _____

Color: _____

Turbidity: _____

Field tests: pH: _____

Other: _____

Sample Chain-of-Custody signed by: _____

Test(s) requested: (Choose all that apply)

CN ☐ Oil & Grease ☐

BOD ☐ TTO ☐

Dissolved Sulfides ☐ Other: ☐

Heavy Metals ☐

If Other is checked above, specify: _____

COMMENTS (Add additional pages, if needed)

Comments:

Time Inspector arrived: _____

Time Inspection completed: _____

Report reviewed by Senior I.W. Inspector:

Review Date:

DEFICIENCIES OBSERVED:

Deficiency #1:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection

☐

Others

☐

Phone calls

☐

Was NOV issued?

Yes ☐ No ☐

Deficiency #1 resolved?

Yes ☐ No ☐

If not resolved, explain:

Deficiency #2:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection

☐

Others

☐

Phone calls

☐

Was NOV issued?

Yes ☐ No ☐

Deficiency #2 resolved?

Yes ☐ No ☐

If not resolved, explain:

Deficiency #3:

Resolve by:

Follow-up by: (Choose all that apply)

Field inspection

☐

Others

☐

Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #3 resolved? Yes ☐ No ☐

If not resolved, explain:

Deficiency #4:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection ☐ Others ☐

Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #4 resolved? Yes ☐ No ☐

If not resolved, explain:

Deficiency #5:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection ☐ Others ☐

Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #5 resolved? Yes ☐ No ☐

If not resolved, explain:

NARRATIVE

